

County: Waukesha
WOODLAND HEALTHCARE CENTER
18740 WEST BLUEMOUND ROAD

BROOKFIELD 53045 Phone: (262) 782-0230
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 208
Total Licensed Bed Capacity (12/31/01): 224
Number of Residents on 12/31/01: 208

Facility ID: 9570

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Ownership:
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 212

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)	
		Primary Diagnosis	%	Age Groups	%		%
Home Health Care	No					Less Than 1 Year	36.5
Supp. Home Care-Personal Care	No					1 - 4 Years	46.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4.8	More Than 4 Years	16.8
Day Services	No	Mental Illness (Org./Psy)	16.8	65 - 74	7.7		-----
Respite Care	Yes	Mental Illness (Other)	10.1	75 - 84	36.5		100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	41.8	*****	
Adult Day Health Care	Yes	Para-, Quadra-, Hemiplegic	1.9	95 & Over	9.1	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.0		-----	Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	4.8		100.0	(12/31/01)	
Other Meals	Yes	Cardiovascular	16.8	65 & Over	95.2	-----	
Transportation	Yes	Cerebrovascular	16.8		-----	RNs	8.8
Referral Service	No	Diabetes	6.3	Sex	%	LPNs	11.2
Other Services	No	Respiratory	4.8		-----	Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	20.7	Male	23.6	Aides, & Orderlies	
Mentally Ill	No		-----	Female	76.4		
Provide Day Programming for			100.0		-----		
Developmentally Disabled	No				100.0		

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care			Managed Care			Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)
Int. Skilled Care	0	0.0	0	3	1.9	132	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	1.4
Skilled Care	20	100.0	267	132	84.6	113	0	0.0	0	28	100.0	170	0	0.0	0	4	100.0	270	184	88.5
Intermediate	---	---	---	21	13.5	94	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	21	10.1
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	20	100.0		156	100.0		0	0.0		28	100.0		0	0.0		4	100.0		208	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	4.8	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.5	Bathing	6.7	49.0	44.2	208
Other Nursing Homes	1.9	Dressing	18.3	39.4	42.3	208
Acute Care Hospitals	91.3	Transferring	28.8	42.3	28.8	208
Psych. Hosp. -MR/DD Facilities	0.5	Toilet Use	28.8	39.9	31.3	208
Rehabilitation Hospitals	0.0	Eating	66.3	16.8	16.8	208
Other Locations	1.0	*****				
Total Number of Admissions	416	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	6.7	Receiving Respiratory Care		9.1
Private Home/No Home Health	10.4	Occ/Freq. Incontinent of Bladder	54.8	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	16.4	Occ/Freq. Incontinent of Bowel	43.8	Receiving Suctioning		0.5
Other Nursing Homes	4.0			Receiving Ostomy Care		1.9
Acute Care Hospitals	43.4	Mobility		Receiving Tube Feeding		4.3
Psych. Hosp. -MR/DD Facilities	0.5	Physically Restrained	3.8	Receiving Mechanically Altered Diets		25.5
Rehabilitation Hospitals	0.0					
Other Locations	5.7	Skin Care		Other Resident Characteristics		
Deaths	19.6	With Pressure Sores	7.7	Have Advance Directives		100.0
Total Number of Discharges		With Rashes	1.0	Medications		
(Including Deaths)	403			Receiving Psychoactive Drugs		50.0

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group Ratio	Bed Size: 200+ Peer Group Ratio	Licensure: Skilled Peer Group Ratio	All Facilities %	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	94.6	77.1	1.23	80.2	1.18	82.7	1.14	84.6	1.12
Current Residents from In-County	49.5	82.7	0.60	83.3	0.59	85.3	0.58	77.0	0.64
Admissions from In-County, Still Residing	10.8	19.1	0.57	27.4	0.39	21.2	0.51	20.8	0.52
Admissions/Average Daily Census	196.2	173.2	1.13	94.3	2.08	148.4	1.32	128.9	1.52
Discharges/Average Daily Census	190.1	173.8	1.09	98.8	1.92	150.4	1.26	130.0	1.46
Discharges To Private Residence/Average Daily Census	50.9	71.5	0.71	31.6	1.61	58.0	0.88	52.8	0.97
Residents Receiving Skilled Care	89.9	92.8	0.97	89.7	1.00	91.7	0.98	85.3	1.05
Residents Aged 65 and Older	95.2	86.6	1.10	90.1	1.06	91.6	1.04	87.5	1.09
Title 19 (Medicaid) Funded Residents	75.0	71.1	1.05	71.6	1.05	64.4	1.17	68.7	1.09
Private Pay Funded Residents	13.5	13.9	0.97	19.1	0.70	23.8	0.57	22.0	0.61
Developmentally Disabled Residents	0.0	1.3	0.00	0.8	0.00	0.9	0.00	7.6	0.00
Mentally Ill Residents	26.9	32.5	0.83	35.4	0.76	32.2	0.84	33.8	0.80
General Medical Service Residents	20.7	20.2	1.02	20.3	1.02	23.2	0.89	19.4	1.06
Impaired ADL (Mean)	51.5	52.6	0.98	51.8	1.00	51.3	1.00	49.3	1.05
Psychological Problems	50.0	48.8	1.03	47.7	1.05	50.5	0.99	51.9	0.96
Nursing Care Required (Mean)	6.3	7.3	0.85	7.3	0.85	7.2	0.87	7.3	0.85